

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT

ADDRESS (number and street)

123 S FRONT ST

☐ Check if different than previously reported. (ACC)

MEMPHIS

TN

38103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00233056

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Raymond Albert Pohlman

Signature of Treasurer

Raymond Albert Pohlman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 07 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		91577.82
(b) Cash on Hand at Beginning of Reporting Period.....	91577.82	
(c) Total Receipts (from Line 19) .....	11831.52	11831.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	103409.34	103409.34
7. Total Disbursements (from Line 31) .....	12600.00	12600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90809.34	90809.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6212.00

6212.00

(ii) Unitemized .....

5619.52

5619.52

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11831.52

11831.52

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

11831.52

11831.52

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

11831.52

11831.52

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

11831.52

11831.52

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	100.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	100.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	7500.00	7500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12600.00	12600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12600.00	12600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11831.52	11831.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11831.52	11831.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	100.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	100.00	100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

## **A. Rebecca Ballou**

Mailing Address 123 S Front St

City State Zip Code  
 Memphis TN 38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 31 2014

**Transaction ID : SA11AI.5596**

Amount of Each Receipt this Period

270.00

45/biweekly

Full Name (Last, First, Middle Initial)

## **B. Brian L Campbell**

Mailing Address 123 S. Front St.

City State Zip Code  
 Memphis TN 38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP, Tax, Treasury & Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 31 2014

**Transaction ID : SA11AI.5600**

Amount of Each Receipt this Period

240.00

40/biweekly

Full Name (Last, First, Middle Initial)

## **C. Philip Bernard Daniele III**

Mailing Address 123 S. Front St.

City State Zip Code  
 Memphis TN 38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Merchandising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 31 2014

**Transaction ID : SA11AI.5603**

Amount of Each Receipt this Period

270.00

45/biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. Robert A Durkin**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Stores

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period

240.00

40/biweekly

Full Name (Last, First, Middle Initial)

**B. Mark Alan Finestone**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

SVP of Merchandising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5609

Amount of Each Receipt this Period

600.00

100/biweekly

Full Name (Last, First, Middle Initial)

**C. Harry Louis Goldsmith**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

EVP of General Counsel & Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

300.00

50/biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. William W Graves**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

SVP of Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period

600.00

100/biweekly

Full Name (Last, First, Middle Initial)

**B. James C Griffith**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period

300.00

50/biweekly

Full Name (Last, First, Middle Initial)

**C. Rod Halsell**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone, Inc.

Occupation

Distribution VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period

240.00

40/biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. Grantland E McGee Jr.**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Stores

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5628

Amount of Each Receipt this Period

240.00

40/biweekly

Full Name (Last, First, Middle Initial)

**B. Jeff Nix**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone, Inc.

Occupation

IT VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period

240.00

40/biweekly

Full Name (Last, First, Middle Initial)

**C. Raymond Albert Pohlman**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Govt. and Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period

300.00

50/biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

A. Elizabeth S Rabun

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Loss Prevention

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period

500.00

83.33/biweekly

Full Name (Last, First, Middle Initial)

B. William C Rhodes

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

Chairman, President &amp; CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period

1152.00

192/biweekly

Full Name (Last, First, Middle Initial)

C. Joe L Sellers Jr.

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone Inc.

Occupation

VP of Stores

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period

240.00

40/biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

1892.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. Brett Shanaman**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone, Inc.

Occupation

VP of Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period

240.00

40/biweekly

Full Name (Last, First, Middle Initial)

**B. Kristen Wright**

Mailing Address 123 S. Front St.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AutoZone, Inc.

Occupation

SVP/General Counsel & Secretary

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11AI.5646

Amount of Each Receipt this Period

240.00

40/biweekly

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

480.00

**TOTAL** This Period (last page this line number only)..... ►

6212.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. BOB GOODLATTE FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2014

Mailing Address P.O. Box 3591

City	State	Zip Code
Alexandria	VA	22302

**Transaction ID : SB23.5656**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. Bob Goodlatte**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT

011

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

5000.00

03 / 04 / 2014

011

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

011

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

250.00

5500.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

AUTOZONE INC COMMITTEE FOR BETTER GOVERNMENT

### A. Friends of Mark Luttrell

Date of Disbursement

Transaction ID : SB29.5654

011

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

7500.00